

37/3
SF

 TRANSMITTAL FORM <small>PATENT & TRADEMARK OFFICE to be used for all correspondence after initial filing)</small>		Attorney Docket No. 2100/19
		Application Number 09/844,082
		Filing Date April 27, 2001
		First Named Inventor Benjamin T. Gomez
		Group Art Unit 3713
		Examiner Jones, Scott E.

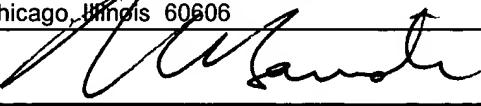
RECEIVED
APR 16 2003
TECHNOLOGY CENTER 2990

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment / Response to Restriction/Election Req. <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <ul style="list-style-type: none"> <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund 	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Check No. 5584 in the amount of \$465
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account N . 50-0930. A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

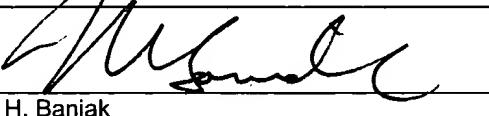
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Large Entity		
					Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus		0	x \$9=	0		x \$18=	
Indep.		Minus		0	x \$42=	0		x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	---		+\$280=	
					total add'l fee	\$ 0	total add'l fee		\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak Registration No. 30,608 BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature			Date: April 3, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:		
		April 3, 2003

Signature	 Michael H. Baniak	Date: April 3, 2003
-----------	--	---------------------